

VA Home Based Primary Care



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HBPC HISTORY

- First HBPC pilot in 1970 at 6 facilities
- Started in large urban teaching facilities, now expanded to rural sites
- Unique design of program very different from Medicare Skilled care
- Targets frail, chronically ill veterans requiring interdisciplinary team care in the home



HBPC vs Medicare Skilled Home Care

VA HBPC

- Targets chronic disease
- Comprehensive primary care
- Interdisciplinary team care
- Not strict on Homebound
- Skilled care not required
- Longitudinal care
- Accepts declining status
- Reduces hospital days
- Limited geography & intensity

Medicare Skilled

- Targets remediable conditions
- Problem-focused care
- One or more disciplines
- Must be homebound
- Requires skilled care need
- Episodic, post acute care
- Emphasized improvement
- No definitive impact
- Anywhere (almost), anytime



VETERANS THAT MAY NEED HBPC

- Impaired mobility making it very difficult to leave home
- Inability to cope with clinic environment due to cognitive, physical or psychiatric problems
- Need for frequent coordinated interventions from multiple disciplines
- Recurrent hospitalizations, emergency room and urgent care visits



SCOPE OF HBPC

- **HBPC is veteran-centered – veteran and caregiver needs and preferences guide the goals and treatment of care**
- Targets 3 types of veterans
 - △ Chronic complex needs at high risk for placement
 - △ Palliative care for advance disease
 - △ Short term home care need for problem



HBPC GOALS OF CARE

- Primary care in veteran's home
- Promote veteran's maximum health and independence
- Reduce need for hospitalization, nursing home, emergency room and clinic visits
- Assist with transition home from hospital or nursing home
- Support caregiver
- Give veteran option of dying at home



HBPC INTERDISCIPLINARY TEAM

- Program Director and Medical Director
- Program Assistant
- Physician, Midlevel Provider
- Registered nurse
- Social Worker
- Rehab Specialist
- Pharmacist
- Dietitian
- Psychologist



HBPC TEAM RESPONSIBILITIES

- Determine if veteran needs program
- Develop and implement treatment plan
- Review progress at least every 3 months
- Provide primary care in the home
- Support caregiver
- Educate veteran and caregiver
- Assess including lab draws, provide care, and plan for discharge when appropriate
- Integrate with other Home Care Services

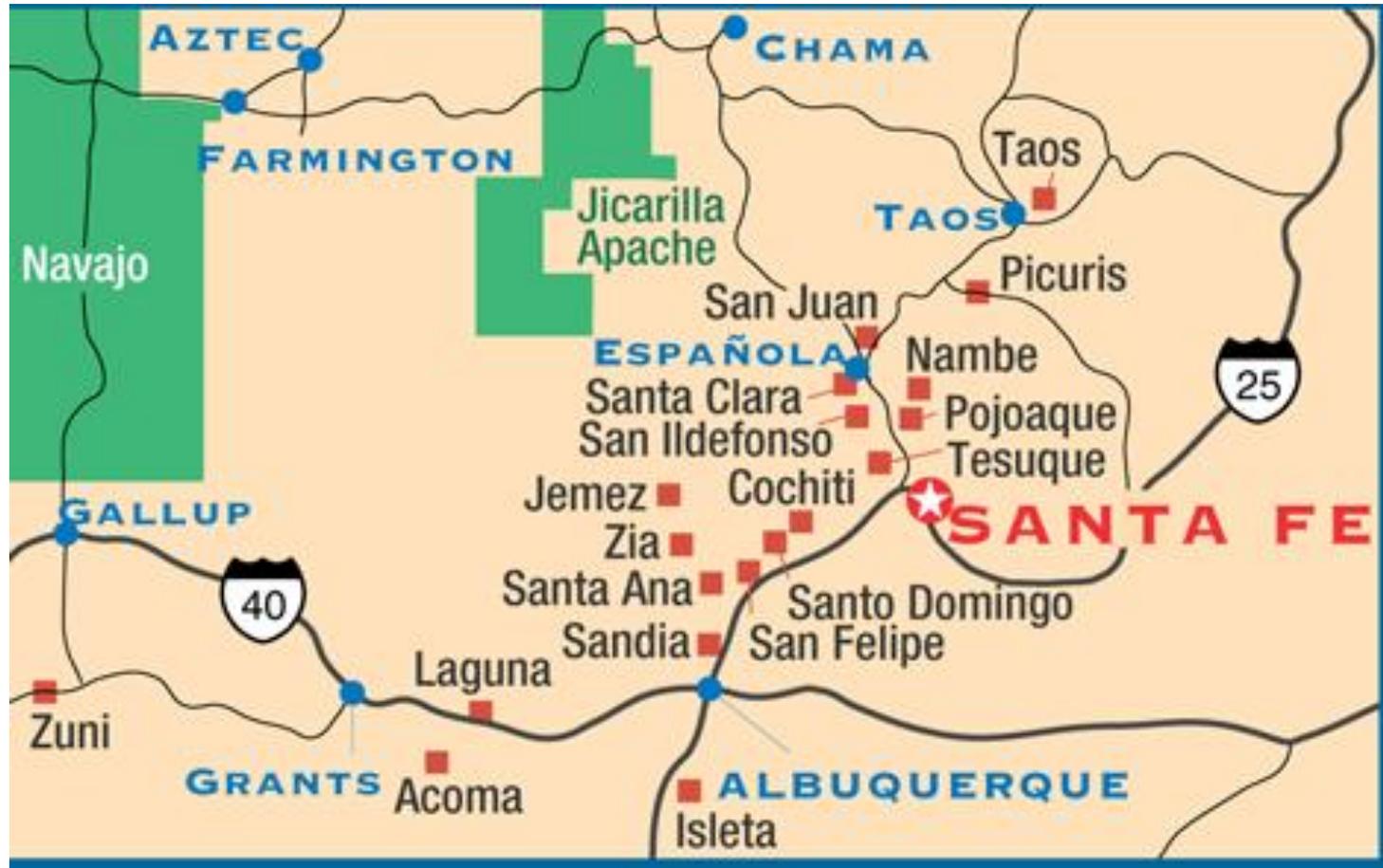


VISN 18: ALBUQUERQUE HBPC RURAL HEALTH/IHS Project

- Started in 2010
- Covers the Gallup/Grants area (Navajo Nation) and 9 Pueblos between Albuquerque and Santa Fe, and west including Laguna-Acoma area.
- Coverage; 60 mile radius of Gallup and another 60 mile radius from Albuquerque to Santa Fe.



Navajo Nation/9 Pueblos: Laguna, Acoma, Santa Domingo, Zuni, Jemez, Zia, Cochiti, Isleta & Sandia





Navajo Reservation



Challenge: Identifying Eligible Veterans in remote areas



- Partnership with Gallup CBOC
- Rural team outreach with participation at Pueblo Health Fairs and contact with Native American Community Health Representatives
- Identified and presented to Veteran Groups in rural areas
- Identified and presented to other rural Community Based Health Care programs
- Local newspaper recognition



Albuquerque HBPC/IHS Project Data

- Total Veterans served: 101
- Native Americans served: 38
- Total Veterans currently enrolled: 72
- Native Americans currently enrolled: 34

- Team includes: 2 RNs, 1 NP, 1 SW, 0.5 Pharmacist. RD, OT/PT coverage by staff or contract.

Albuquerque HBPC/IHS – Project Barriers



- Barriers to service include:
 - △ Distances, weather, road conditions
 - △ Hiring and retaining staff in remote rural areas
 - △ Office space, internet access
 - △ Long distance for Albuquerque team members to travel when providing coverage



VISN 18: TUCSON HBPC/IHS Project

- Started in 2010.
- Covers American Indian Veterans in Pima County which includes:
 - The Tohono O'odham Reservation; the 2nd largest in Arizona (size of State of Connecticut).
 - The Pascua Yaqui Reservation; located 15 miles west of Tucson on 1,194 acres. Many of its people live off the reservation throughout Arizona



Map – Tohono O'odham Reservation





Tohono O'odham Reservation





Tucson HBPC/IHS Project Data

- Total veterans served: 13
- Total Native Americans served: 11
- Total Veterans currently enrolled: 11
- Native Americans currently enrolled: 9

- Team travels up to 120 miles one way for home visits.
- Team includes: NP, RN, RD, OT and SW



Tucson HBPC/HIS – Project Barriers

- Barriers to service include:
 - △ Distances
 - △ Transportation (no VA vans or shuttle)
 - Home care excellent option
 - △ Trust – reluctance to enroll in a new program since historically many programs start in community but do not last



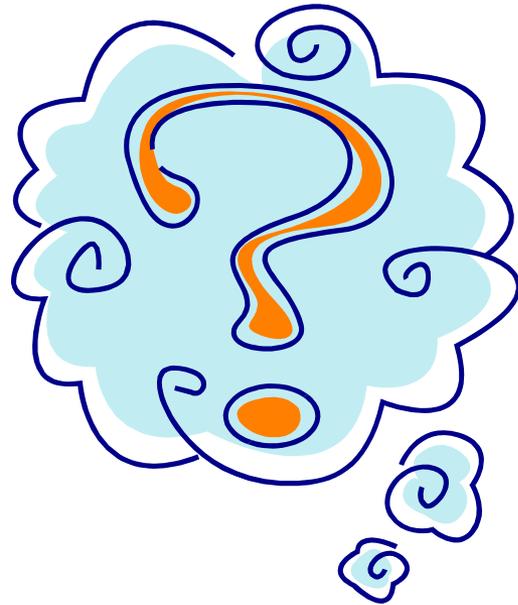
"Alpha Poem"

- H**elping our military veterans exist for as long as possible in their home
- B**oth with Autonomy and Self Efficacy even with the challenges of age and despite the medical problems they endure
- P**roviding real and effective interventions that are meaningful and which respect the wisdom of their years
- C**aring for our wounded warriors as they reminisce about their past and progress toward the end of their brave and valued journey

By Beth Wilkins, PsyD



QUESTIONS

















Questions

